

## UnitedHealthcare Dental PPO Plan 2025 Summary of Benefits and Coverage

A lifetime of healthy smiles starts with good dental care, and the Publix Group Dental Plan provides dental benefits at an affordable cost. This summary lists the most common covered services. The complete Schedule of Benefits, including the applicable exclusions and limitations for each plan, and a provider locator are available by visiting the UnitedHealthcare Dental website. Visit [publix.org](http://publix.org) and log in to PASSport to find associate pay period deductions for all coverage tiers and a link to the provider website. You also may call UnitedHealthcare Dental toll-free at 1-800-815-8119. ID cards are issued to new enrollees in the dental plan.

### Network Provider<sup>1</sup>

### Out-of-Network Provider<sup>2</sup>

#### CALENDAR YEAR DEDUCTIBLE (CYD)

Per Individual	\$50	\$100
Per Family Aggregate	\$150	\$300

#### CALENDAR YEAR MAXIMUM BENEFIT<sup>3</sup>

\$2,000 per individual

\$2,000 per individual

#### PREVENTIVE & DIAGNOSTIC SERVICES

	Plan Pays:	Plan Pays:
Office Visit	100% - No CYD	100% - No CYD
Initial Exam	100% - No CYD	100% - No CYD
X-Rays (bitewings)	100% - No CYD	100% - No CYD
Semi-Annual Cleanings (limit 2 per calendar year)	100% - No CYD	100% - No CYD
Sealant — Per Tooth (children under 16 years old — molars without cavities only)	100% - No CYD	100% - No CYD

#### BASIC SERVICES

	Plan Pays:	Plan Pays:
One Surface Filling	80%	80%
Two Surface Filling	80%	80%

#### MAJOR SERVICES

	Plan Pays:	Plan Pays:
Periodontal Scaling and Root Planing	50%	50%
Single Tooth Extraction	50%	50%
Surgical Removal of Erupted Tooth	50%	50%
Porcelain to Metal Crown/Bridge (per unit)	50%	50%
Molar Root Canal Therapy	50%	50%

#### ORTHODONTICS

Orthodontic Deductible Per Individual	\$100	\$100
Orthodontic Deductible Per Family Aggregate	\$300	\$300
Orthodontic Lifetime Benefit	\$2,000 per individual	\$2,000 per individual

#### ORTHODONTIC SERVICES

	Plan Pays:	Plan Pays:
Orthodontic Treatment (child)	50%	50%
Orthodontic Treatment (adult)	50%	50%

<sup>1</sup> PPO network dentists have agreed to reduce their usual and customary fees. The network percentage of benefits applies to the discounted fees negotiated with the dentist.

<sup>2</sup> Out-of-network dentists have not agreed to reduce their usual and customary fees. The out-of-network percentage of benefits applies to the schedule of maximum allowable charges. When using an out-of-network dentist, you are responsible for the amount charged by the dentist over the UnitedHealthcare Dental maximum allowable charge in addition to the applicable calendar year deductible and coinsurance.

<sup>3</sup> Preventive and diagnostic services do not count toward the calendar year maximum benefit.

